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(Original Signature of Member)

118TH CONGRESS
1ST SESSION

H. R.

To improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. MILLER-MEEKS introduced the following bill; which was referred to the Committee on _____

A BILL

To improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Veteran Care Improve-
5 ment Act of 2023”.

1 **SEC. 2. CODIFICATION OF ACCESS STANDARDS FOR COM-**
2 **MUNITY CARE FURNISHED BY THE DEPART-**
3 **MENT OF VETERANS AFFAIRS.**

4 (a) ACCESS STANDARDS.—Section 1703B of title 38,
5 United States Code, is amended—

6 (1) by striking subsections (a) through (e) and
7 inserting the following:

8 “(a) ACCESS STANDARDS FOR COMMUNITY CARE.—

9 (1) A covered veteran may receive hospital care, medical
10 services, or extended care services under section
11 1703(d)(1)(D) of this title if the Secretary determines the
12 following:

13 “(A) With respect to primary care, mental
14 health care, or extended care services, the Secretary
15 cannot schedule an in-person appointment for the
16 covered veteran with a health care provider of the
17 Department for such care or services—

18 “(i) at a facility of the Department that is
19 located less than a 30-minute drive from the
20 residence of the covered veteran; or

21 “(ii) during the 20-day period after the
22 date on which the covered veteran requests such
23 appointment.

24 “(B) With respect to specialty care, the Sec-
25 retary cannot schedule an in-person appointment for

1 the covered veteran with a health care provider of
2 the Department who can provide such care—

3 “(i) at a facility of the Department that is
4 located less than a 60-minute drive from the
5 residence of the covered veteran; or

6 “(ii) during the 28-day period after the
7 date on which the covered veteran requests such
8 appointment.

9 “(C) With respect to residential treatment and
10 rehabilitative services for alcohol or drug depend-
11 ence, the Secretary cannot provide the covered vet-
12 eran such services at a facility of the Department—

13 “(i) that is located less than a 30-minute
14 drive from the residence of the covered veteran;
15 or

16 “(ii) during the 10-day period after the
17 date on which the covered veteran requests such
18 services.

19 “(2)(A) The Secretary may prescribe regulations that
20 establish a shorter drive or time period than those estab-
21 lished by paragraph (1).

22 “(B) A covered veteran may consent to a longer drive
23 or time period than established by paragraph (1) (or pur-
24 suant to regulations prescribed under paragraph (2)). If
25 a covered veteran so consents, the Secretary shall docu-

1 ment such consent in the electronic health record of the
2 covered veteran and provide the covered veteran with a
3 copy of such documentation in writing or through elec-
4 tronic means.

5 “(3) In making any determination under paragraph
6 (1), the Secretary may not consider—

7 “(A) a telehealth appointment; or

8 “(B) the cancellation of an appointment unless
9 such cancellation was at the request of the covered
10 veteran.

11 “(b) APPLICABILITY.—The Secretary shall ensure
12 that the access standards established under subsection (a)
13 apply—

14 “(1) to all care and services (except nursing
15 home care) within the medical benefits package of
16 the Department to which a covered veteran is eligi-
17 ble under section 1703 of this title; and

18 “(2) to all covered veterans.

19 “(c) PERIODIC REVIEW OF ACCESS STANDARDS.—
20 Not later than three years after the date of the enactment
21 of the Veteran Care Improvement Act of 2023, and not
22 less frequently than once every three years thereafter, the
23 Secretary shall—

24 “(1) conduct a review of the access standards
25 under subsection (a) in consultation with—

1 “(A) Federal entities (including the De-
2 partment of Defense, the Department of Health
3 and Human Services, and the Centers for Medi-
4 care & Medicaid Services) that the Secretary
5 determines appropriate;

6 “(B) entities and individuals in the private
7 sector, including—

8 “(i) veterans who receive hospital
9 care, medical services, and extended care
10 services furnished by the Secretary;

11 “(ii) veterans service organizations;
12 and

13 “(iii) health care providers partici-
14 pating in the Veterans Community Care
15 Program under section 1703 of this title;
16 and

17 “(C) other entities that are not part of the
18 Federal Government; and

19 “(2) submit to the appropriate committees of
20 Congress a report on—

21 “(A) the findings of the Secretary under
22 such review; and

23 “(B) recommendations of the Secretary re-
24 garding such access standards.”;

25 (2) by striking subsection (g);

1 (3) by redesignating subsections (f), (h), and (i)
2 as subsections (d), (e), and (f), respectively;

3 (4) in subsection (d), as redesignated by para-
4 graph (3)—

5 (A) by striking “established” each place it
6 appears; and

7 (B) in paragraph (1), by striking “(1)
8 Subject to” and inserting “COMPLIANCE BY
9 COMMUNITY CARE PROVIDERS WITH ACCESS
10 STANDARDS.—(1) Subject to”;

11 (5) in subsection (e), as so redesignated—

12 (A) in paragraph (1)—

13 (i) by striking “(1) Consistent with”
14 and inserting “DETERMINATION REGARD-
15 ING ELIGIBILITY.—(1) Consistent with”;
16 and

17 (ii) by striking “designated access
18 standards established under this section”
19 and inserting “access standards under sub-
20 section (a)”;

21 (B) in paragraph (2)(B), by striking “des-
22 ignated access standards established under this
23 section” and inserting “access standards under
24 subsection (a)”;

1 (6) in subsection (f), as redesignated by para-
2 graph (2)—

3 (A) in the matter preceding paragraph (1),
4 by striking “In this section” and inserting
5 “DEFINITIONS.—In this section”; and

6 (B) in paragraph (2)—

7 (i) by striking “covered veterans” and
8 inserting “covered veteran”; and

9 (ii) by striking “veterans described”
10 and inserting “a veteran described”.

11 (b) CONFORMING AMENDMENTS.—Subsection (d) of
12 section 1703 of such title is amended—

13 (1) in paragraph (1)(D), by striking “des-
14 ignated access standards developed by the Secretary
15 under section 1703B of this title” and inserting “ac-
16 cess standards under section 1703B(a) of this title”;
17 and

18 (2) in paragraph (3), by striking “designated
19 access standards developed by the Secretary under
20 section 1703B of this title” and inserting “access
21 standards under section 1703B(a) of this title”.

1 **SEC. 3. REQUIREMENT THAT SECRETARY NOTIFY VET-**
2 **ERANS OF ELIGIBILITY FOR CARE UNDER**
3 **VETERANS COMMUNITY CARE PROGRAM.**

4 Section 1703 of title 38, United States Code, is fur-
5 ther amended, in subsection (a), by adding at the end the
6 following new paragraph:

7 “(5)(A) The Secretary shall notify a covered veteran
8 in writing of the eligibility of such veteran for care or serv-
9 ices under this section not later than two business days
10 after the date on which—

11 “(i) the veteran seeks care or services under
12 this chapter; and

13 “(ii) the Secretary determines that the veteran
14 is a covered veteran.

15 “(B) The Secretary may provide a covered veteran
16 with a periodic notification of the eligibility of such cov-
17 ered veteran for care under subsection (d).

18 “(C) Any notification under this paragraph may be
19 provided through electronic means.”.

20 **SEC. 4. CONSIDERATION UNDER VETERANS COMMUNITY**
21 **CARE PROGRAM OF VETERAN PREFERENCE**
22 **FOR CARE AND NEED FOR CAREGIVER OR AT-**
23 **TENDANT.**

24 Section 1703 of title 38, United States Code, is fur-
25 ther amended, in subsection (d)(2), by adding at the end
26 the following new subparagraphs:

1 “(F) The preference of the covered veteran re-
2 garding where, when, and how to seek hospital care,
3 medical services, or extended care services.

4 “(G) Whether the covered veteran requests or
5 requires the assistance of a caregiver or attendant
6 when seeking hospital care, medical services, or ex-
7 tended care services.”.

8 **SEC. 5. NOTIFICATION OF DENIAL OF REQUEST FOR CARE**
9 **UNDER VETERANS COMMUNITY CARE PRO-**
10 **GRAM.**

11 Section 1703 of title 38, United States Code, is fur-
12 ther amended—

13 (1) by redesignating subsection (o) as sub-
14 section (p); and

15 (2) by inserting after subsection (n) the fol-
16 lowing new subsection (o):

17 “(o) NOTIFICATION OF DENIAL OF REQUEST FOR
18 CARE AND HOW TO APPEAL.—(1) If a request by a vet-
19 eran for care or services under this section is denied, the
20 Secretary shall notify the veteran in writing as soon as
21 possible, but not later than two business days, after the
22 denial is made—

23 “(A) of the reason for the denial; and

1 “(B) with instructions on how to appeal such
2 denial using the clinical appeals process of the Vet-
3 erans Health Administration.

4 “(2) If a denial under paragraph (1) is because the
5 Secretary determines that access standards under section
6 1703B(a) of this title are not met, notice under such para-
7 graph shall include an explanation of such determination.

8 “(3) Any notification under this subsection may be
9 provided electronically.”.

10 **SEC. 6. PROVISION OF INFORMATION REGARDING OPTION**
11 **FOR TELEHEALTH UNDER VETERANS COM-**
12 **MUNITY CARE PROGRAM.**

13 Section 1703 of title 38, United States Code, is fur-
14 ther amended—

15 (1) by redesignating subsection (p) as sub-
16 section (q); and

17 (2) by inserting after subsection (o) the fol-
18 lowing new subsection (p):

19 “(p) **PROVISION OF INFORMATION REGARDING OP-**
20 **TION FOR TELEHEALTH.**—With regards to options for
21 care or services for a covered veteran under this section,
22 the Secretary shall ensure that the veteran is informed
23 that the veteran may elect to seek care or services via tele-
24 health, either through a medical facility of the Department
25 or under this section, if—

1 “(1) a health care provider described in sub-
2 section (c) provides such care or services via tele-
3 health; and

4 “(2) the Secretary determines telehealth is ap-
5 propriate for the type of care or services the veteran
6 seeks; and”.

7 **SEC. 7. FINALITY OF DECISION BY VETERAN AND VET-**
8 **ERAN’S REFERRING PROVIDER.**

9 (a) **IN GENERAL.**—Section 1703 of title 38, United
10 States Code, is further amended—

11 (1) by redesignating subsection (q) as sub-
12 section (r); and

13 (2) by inserting after subsection (p) the fol-
14 lowing new subsection (q):

15 “(q) **FINALITY OF AGREEMENT BETWEEN COVERED**
16 **VETERAN AND REFERRING PROVIDER.**—The Secretary
17 may not override an agreement under subsection (d)(1)(E)
18 unless the Secretary notifies the covered veteran and refer-
19 ring provider in writing that the Secretary may not pro-
20 vide the care or services described in such agreement.”.

21 (b) **CONFORMING AMENDMENT.**—Subsection
22 (d)(1)(E) such section is amended by striking “referring
23 clinician” and inserting “referring provider”.

1 **SEC. 8. OUTREACH REGARDING CARE AND SERVICES**
2 **UNDER VETERANS COMMUNITY CARE PRO-**
3 **GRAM.**

4 (a) REQUIREMENT.—Section 1703 of title 38, United
5 States Code, is further amended—

6 (1) by redesignating subsection (r) as sub-
7 section (s); and

8 (2) by inserting after subsection (q) the fol-
9 lowing new subsection (r):

10 “(r) OUTREACH REGARDING AVAILABILITY OF CARE
11 AND SERVICES.—(1) The Secretary shall conduct out-
12 reach to inform veterans of the following:

13 “(A) The conditions for care or services under
14 subsections (d) and (e).

15 “(B) How to request such care or services.

16 “(C) How to appeal a denial of a request for
17 such care or services using the clinical appeals proc-
18 ess of the Veterans Health Administration.

19 “(2) Upon enrollment of a veteran in the system of
20 annual patient enrollment established and operated under
21 section 1705 of this title, and not less frequently than
22 every two years thereafter, the Secretary shall inform the
23 veteran of information described in paragraph (1).

24 “(3) The Secretary shall ensure that information de-
25 scribed in paragraph (1) is—

1 “(A) publicly displayed in each medical facility
2 of the Department;

3 “(B) prominently displayed on a website of the
4 Department; and

5 “(C) included in other outreach campaigns and
6 activities conducted by the Secretary.”.

7 (b) SOLID START PROGRAM.—Section 6320(a)(2)(A)
8 of title 38, United States Code, is amended by inserting
9 “, including how to enroll in the system of annual patient
10 enrollment established and operated under section 1705
11 of this title and the ability to seek care and services under
12 sections 1703 and 1710 of this title” before the semicolon.

13 **SEC. 9. USE OF VALUE-BASED REIMBURSEMENT MODELS**
14 **UNDER VETERANS COMMUNITY CARE PRO-**
15 **GRAM.**

16 (a) MANDATORY USE.—Section 1703 of title 38,
17 United States Code, is further amended, in paragraph (5)
18 of subsection (i), by striking “may” and inserting “shall”.

19 (b) NEGOTIATION OF TERMS.—The Secretary of Vet-
20 erans Affairs shall negotiate with third party administra-
21 tors to establish the use of value-based reimbursement
22 models under the Veterans Community Care Program
23 under such paragraph, as amended by this section.

24 (c) REPORT ON VALUE-BASED REIMBURSEMENT
25 MODELS.—Not later than one year after negotiating

1 under subsection (b) terms to establish the use of value-
2 based reimbursement models under the Veterans Commu-
3 nity Care Program under such section, the Secretary, in
4 consultation with the Center for Innovation for Care and
5 Payment of the Department of Veterans Affairs under sec-
6 tion 1703E of title 38, United States Code, and the Office
7 of Integrated Veteran Care of the Department, or suc-
8 cessor office, shall submit to the Committee on Veterans'
9 Affairs of the Senate and the Committee on Veterans' Af-
10 fairs of the House of Representatives a report con-
11 taining—

12 (1) an assessment of the efforts of the Depart-
13 ment pursuant to section 1703(i)(5) of such title, as
14 amended by subsection (a), to incorporate value-
15 based reimbursement models to promote the provi-
16 sion of high-quality care to veterans; and

17 (2) such recommendations for legislative or ad-
18 ministrative action as the Secretary considers appro-
19 priate to increase the use of value-based reimburse-
20 ment models throughout the Veterans Community
21 Care Program under section 1703 of such title.

22 (d) **RULE OF CONSTRUCTION.**—This section shall not
23 be construed to be a pilot program subject to the require-
24 ments of section 1703E of title 38, United States Code.

1 (e) THIRD PARTY ADMINISTRATOR DEFINED.—In
2 this section, the term “third party administrator” means
3 an entity that manages a provider network and performs
4 administrative services related to such network under sec-
5 tion 1703 of title 38, United States Code.

6 **SEC. 10. EXTENSION OF DEADLINE FOR SUBMISSION OF**
7 **CLAIMS BY HEALTH CARE ENTITIES AND**
8 **PROVIDERS UNDER PROMPT PAYMENT**
9 **STANDARD.**

10 Subsection (b) of section 1703D of title 38, United
11 States Code, is amended—

12 (1) by striking “180 days” and inserting “one
13 year”; and

14 (2) in the heading, by striking “SUBMITTAL”
15 and inserting “SUBMISSION”.

16 **SEC. 11. TREATMENT AND REHABILITATIVE SERVICES FOR**
17 **VETERANS WITH DRUG OR ALCOHOL DE-**
18 **PENDENCY.**

19 Section 1720A of title 38, United States Code, is
20 amended by adding at the end the following new sub-
21 section:

22 “(e) The Secretary shall determine whether a veteran
23 who requests residential treatment and rehabilitative serv-
24 ices for alcohol or drug dependence under this section re-

1 quires such services not later than 72 hours after receipt
2 of such request.”.

3 **SEC. 12. PILOT PROGRAM TO IMPROVE ADMINISTRATION**
4 **OF CARE UNDER VETERANS COMMUNITY**
5 **CARE PROGRAM.**

6 (a) ESTABLISHMENT.—Pursuant to section 1703E of
7 title 38, United States Code, the Secretary of Veterans
8 Affairs, acting through the Center for Innovation for Care
9 and Payment of the Department of Veterans Affairs, shall
10 seek to develop and implement a plan with a third party
11 administrator—

12 (1) to provide incentives to a covered health
13 care provider, pursuant to an agreement with such
14 third party administrator—

15 (A) to allow the Secretary and the third
16 party administrator to see the scheduling sys-
17 tem of the provider, to assess the availability of,
18 and to assist in scheduling appointments for,
19 veterans under the Veterans Community Care
20 Program under section 1703 of such title, in-
21 cluding through synchronous, asynchronous,
22 and asynchronous assisted digital scheduling;

23 (B) to complete continuing professional
24 educational training regarding veteran cultural

1 competency and other subjects determined ap-
2 propriate by the Secretary;

3 (C) to improve the rate of the timely re-
4 turn to the Secretary of medical record docu-
5 mentation for care or services provided under
6 such program;

7 (D) to improve the timeliness and quality
8 of the delivery of care and services to veterans
9 under such program; and

10 (E) to achieve other objectives determined
11 appropriate by the Secretary in consultation
12 with third party administrators;

13 (2) to decrease the rate of no-show appoint-
14 ments under such program and consider the feasi-
15 bility and advisability of appropriately compensating
16 such health care providers for no-show appointments
17 under such program; and

18 (3) within each region in which such program
19 is carried out, to assess needed specialties and to
20 provide incentives to community providers in such
21 specialties to participate in such program.

22 (b) VALUE-BASED REIMBURSEMENT MODELS.—In
23 developing a plan under subsection (a), the Secretary and
24 third party administrators shall consider value-based reim-
25 bursement models under section 1703(i)(5) of such title,

1 as amended by section 9, to achieve the goals under such
2 subsection.

3 (c) REPORTING.—

4 (1) PROGRESS REPORT.—Not later than 180
5 days after the date of the enactment of this Act, the
6 Secretary shall submit to the Committees on Vet-
7 erans' Affairs of the Senate and House of Rep-
8 resentatives a report on progress in developing the
9 plan under subsection (a).

10 (2) SUBMISSION.—Not later than 90 days after
11 completing development of a plan under subsection
12 (a), the Secretary shall submit to the Committees on
13 Veterans' Affairs of the Senate and House of Rep-
14 resentatives a copy of such plan.

15 (3) QUARTERLY UPDATE.—Not less frequently
16 than quarterly during the term of the pilot program,
17 the Secretary shall submit to the Committees on
18 Veterans' Affairs of the Senate and House of Rep-
19 resentatives a report containing any updates on the
20 implementation of such plan.

21 (4) USE OF VALUE-BASED REIMBURSEMENT
22 MODELS.—The Secretary shall include with a plan
23 submitted under paragraph (2) and any report sub-
24 mitted under paragraph (3)—

1 (A) a complete list of the value-based reim-
2 bursement models considered under the plan;

3 (B) an indication of whether any such
4 model has been implemented; and

5 (C) with respect to any such model that
6 was considered but not implemented, a descrip-
7 tion of the reasons such model was not imple-
8 mented.

9 (d) NO PENALTY FOR NOT MEETING OBJECTIVES.—
10 No health care provider or third party administrator may
11 be penalized for not carrying out any part of a plan under
12 subsection (a).

13 (e) TERMINATION.—The pilot program under this
14 section shall terminate five years after the date of the en-
15 actment of this Act.

16 (f) DEFINITIONS.—In this section:

17 (1) The term “covered health care provider”
18 means a health care provider—

19 (A) described in subsection (c) of section
20 1703 of such title;

21 (B) that furnishes care or services under
22 the Veterans Community Care Program under
23 such section; and

24 (C) that is served by third party adminis-
25 trator.

1 (2) The term “third party administrator”
2 means an entity that manages a network of health
3 care providers and performs administrative services
4 related to such network under section 1703 of such
5 title.

6 **SEC. 13. INSPECTOR GENERAL ASSESSMENT OF IMPLEMEN-**
7 **TATION OF VETERANS COMMUNITY CARE**
8 **PROGRAM.**

9 (a) IN GENERAL.—Not later than three years after
10 the date of the enactment of this Act, and periodically
11 thereafter as the Inspector General of the Department of
12 Veterans Affairs determines appropriate, the Inspector
13 General shall assess the performance of each medical cen-
14 ter of the Department of Veterans Affairs in—

15 (1) appropriately identifying veterans eligible
16 for care and services under section 1703 of title 38,
17 United States Code;

18 (2) informing veterans of their eligibility for
19 such care and services, including, if appropriate and
20 applicable, the availability of such care and services
21 via telehealth;

22 (3) delivering such care and services in a timely
23 manner; and

24 (4) appropriately coordinating such care and
25 services.

1 (b) COMMENCEMENT OF ASSESSMENT.—Not later
2 than one year after the date of the enactment of this Act,
3 the Inspector General shall commence the initial assess-
4 ment required by subsection (a).